

## INSTRUCTIONS FOR DENTAL LICENSURE BY CREDENTIALS

1. You must have graduated from a dental program accredited by the ADA.
2. You must be currently licensed and in active practice for 5 consecutive years preceding filing of application for licensure.
3. You must have obtained a passing score on the National Board Examination.
4. You must have an interview with the Credentials Committee of the Dental Board.
5. You must pass a Kentucky Jurisprudence Examination which can be taken online at <http://dentistry.ky.gov>. You may reference the statutes and regulations via the web or you may request a law booklet be mailed to you. **Send \$10 to the Board office with your request for a law booklet.**
6. Applications are kept for 6 months from the date received in the board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$50 application review fee.
7. We do not make calls to applicants on the status of their application. It is the applicant's responsibility to call the Board office to check on the status of their application.
8. The Credentials Committee Meetings are scheduled the Friday prior to a Board Meeting (meeting dates are posted at [http://dentistry.ky.gov/board\\_information/board\\_meetings/](http://dentistry.ky.gov/board_information/board_meetings/)). Your application and materials must be received in the Board office 2 weeks before this date to be eligible to appear. **It is the responsibility of the applicant to contact the Board office to check on the status of your application.**

## WHAT TO SUBMIT WITH YOUR APPLICATION

- \_\_\_ 1. Completed application with photo. Use the name under which you wish to be licensed. Put a check next to the word "credentials" on the front of the application.
- \_\_\_ 2. Application fee - \$165 (a \$50 non-refundable application review fee is included in this amount). This amount covers licensure through December 2009.
- \_\_\_ 3. A letter to the Board stating the reason you wish to be licensed and stating your practice plans.
- \_\_\_ 4. Resume reflecting education and experience.
- \_\_\_ 5. A final transcript of your dental course work. The transcript must be an official copy with your degree posted and with a seal or registrar's stamp. **This must be sent directly to the Board office.**
- \_\_\_ 6. Your National Board Score Card (copies not accepted). Call 800-621-8099 and **request it be sent directly to the Board office.**
- \_\_\_ 7. Current letter (within 3 months of interview) verifying good standing from the Board of every state in which you hold or have previously held a dental license (copies of your license not acceptable). **These must be sent directly to the Board office.**

- \_\_\_ 8. Completion certificate or letter from the sponsor of an HIV/AIDS course taken within the last 24 months. Must be at least a two hour course and approved by the Kentucky Cabinet of Health & Family Services. To obtain a current list of the approved courses call 502/564-6539 or check the website at:  
<http://chfs.ky.gov/dph/epi/hivaids/professionaleducation.htm>
- \_\_\_ 9. You must be current in Basic Life Support (BLS) OR CPR. **\*\* Send a copy of the front and back of your card.** These hours do not count toward the CE requirements.
- \_\_\_ 10. Completion certificates showing proof of thirty (30) hours of continuing education taken within the previous 24 months. Twenty (20) hours must be in scientific presentation format. Ten (10) hours can be business, online, magazine or journal articles, or home study courses. The hours for CPR or BLS do not count toward this requirement. These hours used for initial licensure **cannot** be used for renewal of your license.
- \_\_\_ 11. National Practitioners Data Bank Report and AADE Clearing House Report. This can be obtained by an electronic query done in the Board office. Fill out the attached National Practitioners Data Bank Report and AADE Clearing House application and send with your Dental Licensure Application. **Enclose \$25 fee with the query application.**

Make Checks payable to: Kentucky Board of Dentistry  
Mail to: 312 Whittington Pkwy, Suite 101  
Louisville, Kentucky 40222  
Phone: (502) 429-7280

**\*\* Approved Providers of CPR, BLS and ACLS Certification**

American Red Cross

American Heart Association

American Safety & Health Institute (Florida)

Active Canadian Emergency Training

(A licensee / applicant must receive Board approval before another provider's certification may be used to meet KBD application or CE requirements.)

**Application for National Practitioner Data Bank Electronic Query  
Health Integrity and Protection Data Bank Query  
and AADE Clearing House Report**

The fee for this service is additional \$25.00. Please remit payment with this application.

Return to: Kentucky Board of Dentistry  
312 Whittington Pkwy, Suite 101  
Louisville, Kentucky 40222

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

**Employment Information**

Name of Most Recent Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ Room/ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Residential Information**

Street Address: \_\_\_\_\_ Room/ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Professional Information**

Licensed Profession: \_\_\_\_\_ Degree Held: \_\_\_\_\_

Federal DEA Number (s): \_\_\_\_\_  
\_\_\_\_\_

| Previous/ Present State Licenses: | STATE | LICENSE # |
|-----------------------------------|-------|-----------|
| _____                             | _____ | _____     |
| _____                             | _____ | _____     |
| _____                             | _____ | _____     |

| Education: | SCHOOL ATTENDED | YR OF GRADUATION | DEGREE |
|------------|-----------------|------------------|--------|
| _____      | _____           | _____            | _____  |
| _____      | _____           | _____            | _____  |
| _____      | _____           | _____            | _____  |

*For Office Use Only*

Fee Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_